	For use of thi	CASE NUMBER					
		DATA REQUIRED BY TH	E PRIVACY ACT OF	1974			
AUTHORITY:	5 U.S.C. 301, Department Regulations; 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606 et seq.; Victims' Rights as implemented by the Department of Defense Instruction 1030.2, Victim and Witness Assistance Program; DoD Directive 6400.1, Family Advocacy Program (FAP); Army Regulation 608-18, The Family Advocacy Program; and E.O. 9397 (SSN)						
PRINCIPAL PURPOSE	: To provide esse	ntial background information to develop a ser	vice plan for each child a	nd family involved in e	emergency placement.		
ROUTINE USES:	To federal, state, or local government agencies when it is deemed appropriate to use civilian resources in counseling and treating individuals of families involved in child abuse or neglect or spouse abuse; or when appropriate or necessary to refer a case to civilian authorities for civil or criminal law enforcement; or when a state, county, or municipal child protective service agency inquires about a prior record of substantiated abuse for the purpose of investigating a suspected case of abuse. Information may be disclosed to departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of family advocacy programs, medical care and research concerning child abuse and neglect, and spouse abuse.						
DISCLOSURE:	ŭ	ever, failure to provide the requested informa		· ·			
NAME OF CHILD (Last, First, Middle)				BIRTHDATE D		MPLETED	
CHRONIC ILLNESS	AND DISABILIT	ΓΙΕS					
IMMUNIZATIONS				COMMUNICABLE AND CHILDHOOD DISEASES			
TYPE	DATE	WHERE GIVEN		TYPE		DATE	
SMALL POX	DATE	WHERE GIVEN		MEASLES		AIE	
BOOSTER				MUMPS			
DPT 1ST				CHICKEN POX			
DPT 2ND DPT 3RD				OTHER			
SALK 1ST							
SALK 151 SALK 2ND							
SALK 3RD							
BCG							
OTHER			V	VEAR GLASSES			
					YES	∐ NO	
SPECIAL TESTS	DATE RESULT			V	WHERE GIVEN		
PATCH TEST							
PATCH TEST							
PPD							
PPD							
SCHICK							
STS							
OTHER							
OTTIET							
		ODEDATIONS AND	HOSDITALIZATION				
DATE			HOSPITALIZATION	NATURE OF I	ULNEOO		
DATE		PLACE		NATURE OF I	LLNESS		